

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107018402**

FILED DATE **12 JUN 2002**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3				/			53	/					
4				/			54	/					
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18					/		68						
19						/	69						
20						/	70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27					/		77						
28					/		78						
29					/		79						
30					/		80						
31					/		81						
32					/		82						
33					/		83						
34					/		84						
35					/		85						
36					/		86						
37					/		87						
38					/		88						
39					/		89						
40					/		90						
41					/		91						
42					/		92						
43					/		93						
44					/		94						
45					/		95						
46					/		96						
47					/		97						
48					/		98						
49					/		99						
50					/		100						
TOTAL IND.			1		6		TOTAL IND.	2					
TOTAL DEP.			16		27		TOTAL DEP.	2					
TOTAL CLAIMS			17		33		TOTAL CLAIMS	4					